

NEVADA CITY POLICE DEPARTMENT VOLUNTEER APPLICATION

Last Name	First Name		IVI.I.	Email				
Mailing Address (number, street, apt. no.)	<u> </u>					Home	Phone	
City			State	Zip		Cell P	hone	
Are you a United States citizen or lav permanent resident of the United Sta	Valid CA D	Driver's License (If required by the position) Exp.:			I/DD (optional)			
Over 18 years of age?								□ Yes □ No
Have you been convicted as an adul convictions more than two years in the Health and Safety Code: 11357(b) or expunged pursuant to Penal Code S given individual consideration. Failur from further consideration. A YES an	ne past for marijuana-rela (c), 11360(b), 11364, 11 ection 1203.4. Conviction to list all convictions, oth	ted violations 365, or 1155 is not neces ner than those	of any of 0. Do inclusarily a base specification	the follo ude and ir to emp	wing section list convictio lloyment. Ea	s of the ns that l ch case	California have been will be	□ No
Have you ever been discharged or requested to resign from any position for misconduct or unsatisfactory service?						□ Yes □ No		
Please explain fully in the space prov	rided:							
EDUCATION	RELATED SCH	OOLING A	ND TR	AINING	ì			
Circle highest grade completed	8 or below 9 10 11 1	12 13 14	15 16 1 ⁻	7 18 High School Graduate/GED		□ Yes □ No		
Current School								
Address			City	y State		Zip		
Certificate of Training, Licenses, or Professional Registrations:								
WORK EXPERIENCE								
Current Employer								
Address			City				State	Zip
Describe any additional skills, knowle	edge, or specialized training	ng you posse	SS:					

Have you ever worked for the City of Nevada City? □Yes □No If yes, whi	ich department?						
Are you currently employed? (check all that apply) ☐ Full-time ☐ Part-time ☐ Temporarily Unemployed ☐ Full-time	e Student Part-time Stud	dent □ Retired					
In what type of volunteering are you most interested?							
What are your goals for a volunteer position?							
References:							
EMERGENCY INFORMATION							
This information is strictly voluntary and will be kept confidential.							
Contact Person	Home Phone	Cell Phone					
Contact Person	Home Phone	Cell Phone					
I hereby certify that all statements made in this application are true and correct to the best of my knowledge and I authorize investigation of all matters contained in the application. I acknowledge that any false statements or misrepresentation on this application will be cause for refusal of placement or immediate dismissal at any time during the period of my placement. I am aware that a background investigation will be required before placement in the Police Department, and for any sensitive volunteer position. I am aware that fingerprinting will be conducted for all volunteer positions that supervise vulnerable populations.							
Signature of Applicant:	Date:						
Return completed form to:							

Nevada City Police Department 317 Broad Street Nevada City, CA 95959